

**LIQUOR COMMISSION  
CITY AND COUNTY OF HONOLULU**

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249  
PHONE (808) 768-7300 • FAX (808) 768-7311  
INTERNET ADDRESS: [www.honolulu.gov/liq](http://www.honolulu.gov/liq)

**NOTIFICATION OF SECOND PARTY CATERER**

Date: \_\_\_\_\_

Licensee Name: \_\_\_\_\_ Liquor License #: \_\_\_\_\_

Licensee Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

\_\_\_\_\_  
Initial I certify only food will be catered, no liquor.

\_\_\_\_\_  
SIGNATURE Licensee

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Licensee Owner Name

\_\_\_\_\_  
Title

**CATERER INFORMATION & ACKNOWLEDGEMENT**

Name of Caterer: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Caterer's Address: \_\_\_\_\_

***I acknowledge to be the caterer for the event mentioned above and will not provide any liquor to the licensee.***

\_\_\_\_\_  
SIGNATURE Caterer

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Caterer Contact Name

\_\_\_\_\_  
Title

.....  
**OFFICE USE:**

Effective Date/Time From: \_\_\_\_\_ To: \_\_\_\_\_

LCIS ENTRY DATE: \_\_\_\_\_ HLC STAFF Initial: \_\_\_\_\_

☐ Approved ☐ Denied

\_\_\_\_\_  
HLC Signature

\_\_\_\_\_  
Date